STATE RETIREMENT AGENCY OF MARYLAND 120 EAST BALTIMORE STREET **BALTIMORE, MARYLAND 21202**

JUDGES' RETIREMENT SYSTEM APPLICATION FOR SERVICE RETIREMENT.

IMPORTANT: PRINT IN INK OR TYPE. NEED HELP: IF YOU NEED HELP TO COMPLETE THIS FORM, CALL A RETIREMENT COUNSELOR AT 410-625-5555 OR 1-800-492-5909.		
APPLICANT'S SOCIAL SECURITY NUMBER GENDER DATE OF BIRTH		
Mor F Month Day Year		
APPLICANT'S NAME		
First Initial Last		
HOME ADDRESS		
Number and Charle		
Number and Street		
City State Zip Code		
I request that my retirement allowance be effective on: Month Day Year		
Last judicial position held: Home telephone number:		
In accordance with the provisions of the State Personnel and Pension Article, §27-402. I elect to receive a pension from the Judges' Retirement System. I understand that I shall receive the retirement allowance provided by law for my lifetime. At my death, my surviving spouse shall receive one-half of the monthly benefit for his or her lifetime. If there is no surviving spouse at time of my death, my children under the age of 18 shall receive the retirement allowance that would have been paid to a surviving spouse (If more than one child, retirement allowance is divided equally). If there is no surviving spouse or children under age 18 at my death, the allowance ceases and my estate will receive one monthly payment if my death occurs on the 16 th of the month or later. If I marry or remarry following retirement, my new spouse becomes eligible for the continuing monthly benefit provided under the basic allowance.		
SPOUSE'S NAME		
First Initial Last		
SPOUSE'S SOCIAL SECURITY NUMBER DATE OF BIRTH		
Month Day Year		
CHILDREN UNDER AGE 18: DATE OF BIRTH GENDER		
Month Day Year Mor F		
CHILDREN UNDER AGE 18: DATE OF BIRTH GENDER		
Month Day Year Mor F		
Signature Date		

RETIREMENT ALLOWANCE OPTIONS

Optional Allowance - Reduced Benefit

beneficiary's date of birth with this application.

SIGNATURE

Complete this section only if (1) you do not have a spouse or children under age 18 and (2) you elect not to accept the basic retirement allowance. You may designate one beneficiary to receive an allowance under Option 2, 3, 4, 5, or 6. You may designate one or more beneficiaries to receive the Option 1 retirement allowance in equal shares. Selection of an optional retirement allowance provides a reduced benefit for you for your lifetime. Please note that your choice of option and beneficiary/ies is irrevocable. Indicate your selection by signing the appropriate box below. If you elected an optional allowance, you also must complete FORM #4.1, Designation of Beneficiary, Judges Retirement System.

OPTION 1:		
Guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figure		
at the time of your retirement, based on life expectancy statistics	s. If you die before receiving monthly payments that add up to the Present	
Value, the remaining payments will be paid in a lump sum to you	ir designated beneficiary or beneficiaries who remain alive	
SIGNATURE	DATE	
OIONATORE	DATE	
OPTION 2:		
	ontinue to be paid to your surviving beneficiary for his or her lifetime. No	
further payments will be made after the deaths of you and your b	peneficiary. If you choose this option, you must send proof of your	
beneficiary's date of birth with this application. Retirees electing	Option 2 cannot designate a beneficiary who is more than 10 years	
younger unless the beneficiary is the retiree's spouse or disabled	d child.	
SIGNATURE	DATE	
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OPTION 3:		
No further represents will be read a fronth a death of your and in	paid to you will be paid to your surviving beneficiary for his or her lifetime.	
	our beneficiary. If you choose this option, you must send proof of your	
beneficiary's date of birth with this application.		
SIGNATURE	DATE	
SIGNATURE		
OPTION 4:		
	erest as established when you retire. If you die before you have recovered	
the full amount of your accumulated contributions and interest th	ne remainder will be paid in a lump sum to your designated beneficiary who	
remains alive.	o remainder will be paid in a lamp out to your designated beneficiary with	
SIGNATURE	DATE	
OPTION 5:		
Guarantees that after your death the same monthly benefit paid	to you will be paid to your surviving beneficiary for his or her lifetime.	
It also provides that your monthly benefit will "pop-up" to the Bas	sic Allowance for your lifetime if your beneficiary dies before you.	
No further payments will be made after the death of you and you	ir beneficiary. If you choose this option, you must send proof of your	
beneficiary's date of birth with this application. Retirees electing	Option 5 cannot designate a beneficiary who is more than 10 years	
younger unless the beneficiary is the retiree's spouse or disabled	d child.	
SIGNATURE	DATE	
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OPTION 6:		
Guarantees that after your death one half of the monthly benefit	paid to you will be paid to your surviving beneficiary for his or her lifetime.	

It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you.

No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your

DATE